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INTEGRATED PRIMARY HEALTH PROGRAM

Award # AOT-G-00-99-00188-00

Final Report

July 31, 1999 — March 31, 2000

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I. INTRODUCTION

In July 1999, the Office of Foreign Disaster Assistance (OFDA) of the United States Agency for International Development (USAID) awarded an integrated Primary Health Care (PHC) program grant to the International Rescue Committee (IRC). The purpose of the grant was to enable IRC's Emergency Health Unit to rebuild the public health system of northwestern Kosovo in the aftermath of a d evastating conflict. Over the course of the program, the IRC met the health care needs of the people of Decani/Deçan, a population of approximately 78,083, and laid the foundation upon which a permanent primary health care system is now being built.

The following report will describe the goals and achievements of the program, in light of the desperate state of the health system in Dečani/Deçan. The report will outline the IRC's specific response to each objective outlined in its strategic plan, funded by the OFDA grant. In additional, because the health care needs of this region were so immediate following the conflict, the report w ill describe the IRC's collaboration with the World Health Organization (WHO) and other non-governmental organizations (NGOs), all of who were at work in Dečani/Deçan and the neighboring municipalities throughout the same period. The appendix includes lists of medical supplies and equipment the IRC provided the region's medical facilities, copies of training materials for health professionals, and materials created for public health education.

II. GOALS OF THE PROGRAM

The IRC's PHC program sought to address the health care needs of the people in the conflict-ravaged municipality of Dečani/Deçan in northwestern Kosovo. The program focused on rehabilitating the regional health facilities, providing primary health care services, intervening on matters of infectious disease and public health, making reproductive health services available, and establishing a program for victims of sexual and gender-based violence. The PHC program is based on the World Health Organization (WHO) model of family medicine.

To meet these goals, the IRC undertook the following:

- Assisted the municipality of Dečani/Deçan in the emergency rehabilitation of health facilities, making them functional as soon as possible.
- Provided emergency clinical and primary health care services to remote villages with mobile clinics. The mobile clinics were expected to operate for a period of approximately six to eight weeks, or until the relevant ambulanta was rebuilt. However, because the need was so great, the mobile clinics continued to provide primary health care to populations in rural, hard- to-reach areas throughout the duration of this grant.
- Increased the capacity of the health system within Dečani/Deçan to meet the clinical needs of the population by providing clinical support and supervision, training and education materials to health professionals at ten ambulantas and the central Dečani/Deçan health house.

- Met the acute reproductive heal th (RH) needs of the community of Decani/Decan by conducting a formal RH needs assessment and by providing medical facilities with the Minimal Initial Services (MISP) package. The RH program also trained health staff in reproductive health and implemented a culturally sensitive, community-based RH education program.

- Responded to the needs of survivors of sexual and gender based violence (SGBV) through programs that provided medical, mental health, and social services and which worked to prevent future occurrences of SGBV within the community.

- Contributed to the functional rehabilitation of health facilities by providing essential medical equipment and disposable medical supplies.

- Implemented a program of community health education and promotion.

A. Accomplishments: Answering an urgent need

The integrated Primary Health Care (PHC) program, funded by OFDA, enabled the IRC's Emergency Health Unit to increase the capacity of a health care system deteriorated by years of neglect and ravaged by conflict. Mor e importantly, the IRC's PHC program provided quality health care to a vulnerable population with no other access to medical care. Moreover, the population of Dečani/Deçan was especially vulnerable, as many were repatriated refugees, having recently return ed from camps in Albania, Montenegro and Macedonia to damaged homes and to a province with a devastated infrastructure. Thus, the IRC's main priority was the provision of basic health services to the sick and under- served throughout the municipality. According to preliminary surveys conducted by WHO, the population of the region is approximately 78,083.

There were many expressions of appreciation from the Kosovars in the region's villages and towns. The IRC medical teams visited many of these people regularly, at times on a daily basis, either through mobile clinics, home visits, or clinic days at ambulantas; thereby making a significant contribution towards the improvement of their lives, particularly to those who suffered losses, both to person and property, during the conflict.

B. Providing emergency primary health care

The IRC health teams, four doctors and four nurses, delivered primary health care services throughout the Dečani/Deçan municipality on a daily basis, either at clinic days in ambulantas, through mobile clinics, or during regular home visits to families in remote areas. The IRC health teams also offered training, support and supervision to local health professionals, implemented a reproductive health program and supplied health facilities with essential medical supplies and equipment. In this way, the IRC succeeded in fulfilling the core objectives of an effective emergency relief program in public health.

Photio 1: The IRC's Dr. Luan, pictured in background, and his mobile clinic team is checking up on a patient near the village of Lumbardh.

C. Beneficiaries

Approximately 78,083 people make up the potential beneficiary population of the Dečani/Deçan municipality. In the aftermath of the conflict, the needs of the beneficiary community, like the infrastructure that had formerly served them, had changed considerably. The degree of devastation made the population more vulnerable to disease, with poor living conditions in tents or in the remnants of homes leaving everyone exposed. To further worsen matters, most people in Dečani/Deçan had little or no access to clean water, quality food and medical care. Many Kosovars in the municipality were and remain isolated in distant villages, physically and economically unable to seek out health care, others live in temporary shelters provided by relief agencies.

Many in Decani/Decan, and indeed throughout Kosovo, were traumatized by months of conflict and suffer from a variety of psychological disturbances. According to interviews with IRC doctors, incidents of insomnia, anxiety, nervousness, panic attacks and other related symptoms, are far more common among this population than before the conflict. In addition, the elderly and young children were especially affected, with the breakdown of family support systems further aggravating the health risks to these groups.

D. The absence of medical services, facilities and support

The health care infra structure was physically devastated — buildings, essential equipment, and medical records — nothing was spared. In a similar manner, the personnel infrastructure — trained health professionals — was disrupted by the conflict. Many were unavailable, unwilling, or unable to resume their work. Others had found better paid jobs, with many working as drivers and translators for international organizations.

Photo 2: This UNHCR classified category 5 ambulanta in Junik is being rebuilt, as part of a large scale cooperative effort between the IRC, Japanese and Swiss Re Cross, and InterSOS.

E. Rebuilding the devastated infrastructure of Decani/Decan

As a result of the conflict, an estim ated 89% of health facilities in the Dečani/Deçan municipality were damaged or destroyed. Before the conflict, the region's health care infrastructure consisted of a municipal health house in the town of Dečani/Deçan and ten satellite clinics serving rural and remote areas throughout the municipality.

In response to the overwhelming need, the IRC rehabilitated three ambulantas as part of a larger effort to rebuild all ten facilities and the regional health house in cooperation with the Japanese Red Cross (JRC), the Swiss Red Cross (SRC), and InterSOS.

Photo 3: A doctor and nurse from IRC's Medical Team One are providing mobil clinic home visits to patients in rural, hard-to-reach communities throughout the Dečani/Deçan municipality.

In addition to physical rehabilitation, the IRC supplied these facilities with essential medical equipment, consumable medical materials, furniture, and pharmaceuticals in cooperation with Pharmaciens Sans Frontieres (PSF). The IRC provided dictionaries and medical reference books to medical staff and public health education materials to patients. Additionally, IRC staff also wrote and produced public health education materials, in Albanian and English, and distributed them widely. (See Annex 1 for a list of items procured and distributed.)

Most importantly, the IRC, in cooperation with the JRC, SRC, and InterSOS, successfully rehabilitated all ten of the ambulantas in the Dečani/Deçan municipality. However, the ambulanta in Junik, a United Nations High Commissioner for Refugees (UNHCR) Category 5 structure, is still in the process of being rebuilt by the Swiss Red Cross and is scheduled for completion in May 2000.

1. Dečani/Deçan Health House

The Dečani/Deçan Health House was completely leveled by the conflict. The health house is now operating 2temporarily in a building that had formerly been an insurance company office building. The Japanese Red Cross (JRC) has drawn up plans to build an entirely new health house at a site near the main road at the center of town. The JRC reportedly has 2,000,000 DEM for the new building, and an as yet unspecified amount to outfit the facility with medical equipment and fur niture. According to the JRC, they are ready to begin construction on the health house in May, as soon as project manager Mihoko Goto returns to Peje in April to sign the contracts. The JRC, in collaboration with the IRC, was able to rehabilitate five of the ten ambulantas in the Dečani/Deçan municipality.

TEMPORARY DEČAN/DEÇANI HEALTH HOUSES

The Dečani/Deçan health house, a regional health facility on the hill above town, was bombed and burned to the ground during the conflict. The building that now houses the health house temporarily had been an office build ing for an insurance company. The Japanese Red Cross (JRC) has plans to rebuild an entirely new facility in a new location. Building is set to begin in May 2000.

LUMBARDH AMBULANTA

During the conflict, the Lumbardh Ambulanta sat on the front line between the warring Yugoslav Army (VJ) and the Kosovo Liberation Army (KLA). The VJ overtook this tiny rural clinic for use as a sniper position. By war's end, the clinic was heavily damaged and its contents looted and destroyed. All the patient files and medical documents were burned. Essential equipment was stolen or vandalized. One of the examination rooms was filled with feces and garbage.

The IRC repaired the damaged clinic and replaced its essential and non-essential equipment. Since July 1999, IRC medical teams have visited the clinic on a daily basis, providing health care, offeri ng physician support, and using it as a staging area for home visits by the mobile clinics. The IRC also procured necessary medical supplies, like pharmaceuticals, for the clinic.

REHABILITATION OF HEALTH CARE FACILITIES THROUGHOUT THE DEČANI/DEÇAN MUNICIPALITY

STATUS AS OF MARCH 30, 2000.

DECAN	**ISNIQ**	**STRELLC**	**LUMBARDH**	**PRILEP**	**LOQAN**
Health House	Ambulanta	Ambulanta	Ambulanta	Ambulanta	Ambulanta
Japanese Red Cross	InterSOS	International Rescue Committee	International Rescue Committee	Japanese Red Cross	Japanese Red Cross
UNHCR Category 5	UNHCR Category 4	UNHCR Category 2	UNHCR Category 3	UNHCR Category 4	UNHCR Category 3
To begin May 2000	???	Complete	Complete	Complete	Complete

PROBERDA	**IRZNIQ**	**PRAPAQAN**	**GRAMAQEL**	**RATISH**	**JUNIK**
Ambulanta	Ambulanta	Ambulanta	Ambulanta	Ambulanta	Ambulanta
Japanese Red Cross	Japanese Red Cross	International Rescue Committee	Japanese Red Cross	Japanese Red Cross	Swiss Red Cross
UNHCR Category 3	UNHCR Category 4	UNHCR Category 3	UNHCR Category 3	UNHCR Category 4	UNHCR Category 5
December 2000	Complete	Complete	Complete	Complete	Just begun

III. PROJECT GOALS, ACTIVITIES AND ACCOMPLISHMENTS

OBJECTIVE 1

Assist the municipality of Decani/Deçan in the emergency rehabilitation of health facilities, making them functional as soon as possible.

The IRC's integrated PHC program consisted of three fundamental components. The first was to rehabilitate local health care facilities. The second was to establish a network of mobile clinics in order to provide essential primary health care services until local facilities were repaired. The third was to implement a program of community outreach and public health education to protect an extremely vulnerable population from infectious disease and to address their immediate health care needs, both physical and psychological, immediately following the conflict. All three components, and their supporting projects, were actively implemented throughout the duration of this grant.

As a result of the conflict, an estimated 89% of the health facilities of the Decani/.Decan municipality were damaged or destroyed. Initially, assessments of the area identified a need for the rehabilitation and reconstruction of the municipal health ho use and ten satellite clinics serving the rural communities throughout the municipality.

The IRC rehabilitated three of the ten rural ambulantas, in the villages of Strellc, Prapaqan and Lumbardh. According to our estimates, each rural facility served both the needs of the immediate community and those of the seven to ten surrounding villages.

Photo 7: Ambulanta in Isniq rebuilt by JRC.

For example, The Lumbardh ambulanta served the needs of nine villages, and additionally, a widely dispersed population living in the surrounding area. The work the IRC completed on the Lumbardh ambulanta was contracted locally and supervised by the IRC. Rehabilitation began on September 13, 1999, as soon as OFDA funding was approved, and the building was functioning by December. By March 2000, all the remaining tasks were finished and all medical supplies and equipment distributed. The ambulantas in Strellc and Prapaqan were completed in December, aside from the distribution of supplies and equipment. In addition, the IRC, after repeated requests from the director of the Dečani/Deçan health house, provided a medical doctor to the under -staffed Lumbardh ambulanta on the Monday and Wednesday of every week.

OBJECTIVE 2

Provide emergency clinical and pr imary health care services to remote villages throughout Dečani/Deçan through the operation of mobile clinics for a period of approximately six to eight weeks. The mobile clinics will be an interim measure until the ambulantas and the Dečani/Deçan health house is functional.

Beginning in August 1999, IRC provided primary health services to an estimated beneficiary population of 78,083 with mobile clinics traveling widely throughout the municipality. The clinics served not only the concentrated populations in villages, but also those who lived in rural and hard- to-reach areas.

Mobile clinics operated on a weekly basis in the villages of G ramaqel, Maznik, Prapaqan, Prilep, Lloqan, and Rastavica. These sites were chosen by the IRC in conjunction with village leaders and local health professionals. The clinics were run, on a rotating basis, by two teams each consisting of two local doctors and two local nurses.

The IRC health teams, through these mobile clinics, also conducted regular home health care visits. When they weren't stationed in villages, the mobile clinics were traveling house-to- house and following up on patients unable to travel into the designated clinic villages.

During the winter, the IRC teams were especially busy preventing and treating illnesses. The population was extremely vulnerable, and therefore, each illness or potential illness required prompt diagnosis and treatment as it arose. The IRC teams estimated hat approximately 50% of patients had been diagnosed with respiratory tract infections, which, in many cases, quickly developed into pneumonia.

The IRC mobile clinics were expected to operate for a period of approximately six to eight weeks or until the corresponding ambulanta was rebuilt. However, because the need was so great, the mobile clinics continued to provide primary health care to populations in rural, hard-to -reach areas throughout the duration of this g rant. Some of the additional reasons the IRC kept its mobile clinics in operation included the following:

- Delays in the rehabilitation and reconstruction of health facilities. As part of the comprehensive public health facilities assessment conducted by WHO and the United Nations Mission in Kosovo (UNMIK), the roles and functions of the Dečani/Deçan health house and its ten satellite ambulantas were adjusted mid-way through the cycle of this grant. Physical repair of the structures was therefore delayed slightly in order to comply with the assessments.

- The slow return of health professionals to Decani/Deçan. A significant number of the health professionals who had previously made up the personnel infrastructure of the municipality had found employment either abroad or in urban areas. Many who returned were reluctant to work without or with little pay and were more interested in specializing than in working as general practitioners.

- The absence of public transportation made it difficult or impossible for many people to reach the central health facilities.

- The degree of devastation in the Dečani/Deçan municipality left the population particularly vulnerable to disease. The demand for primary health care was significant, especially during the winter months.

The IRC medical team's primary focus was to provide both curative and preventativ e care, to diagnose and treat acute and chronic illnesses, and to educate all patients on matters of hygiene, disease prevention and reproductive health. Very often the IRC team, when treating a particular patient, would treat several relatives present at the home visit. The IRC teams also took every opportunity to identify conditions that could contribute to morbidity — including the lack of shelter, polluted water, inadequate sanitation, and poor nutrition.

In adherence to WHO standards, the IRC medical teams collected and reported health surveillance data to WHO, UNMIK and the Institute of Public Health, Kosova (IPH). The IRC Program Manager also attended health meetings in Peć/Pejë, Gjakova/Djakova and Pristina/Prishtine to discuss epidemiological and general health trends in Dečani/Deçan and throughout Kosovo, and to determine appropriate preventative and responsive action.

The IRC was also involved in monitoring the nutrition and growth of children under the age of five in cooperation with Action Against Hunger (AAH), who was doing a formal assessment. The IRC's program manager maintained regular contact with WHO before the implementation of this project began, and attended the United Nations Children Fund's (UNICEF) bi-weekly meetings on child health in Pristina.

OBJECTIVE 3

Increase the capacity of the health system within Dečani/Deçan to meet the clinical needs of the population by providing clinical support and supervision, training and education materials to health professionals at ten ambulantas and the central Dečani/Deçan health house.

Because most of the health facilities throughout the municipality of Dečani/Deçan were operating with severely reduced staff, the IRC decided to delay its Knowledge, Attitude, and Practices Survey (KAP) until normal staffing and working conditions were re-established. WHO completed a similar evaluation, and IRC incorporated and referred to the results of that survey rather than duplicate WHO's efforts. A Kosovo-wide skills assessment, planned by WHO with input from IRC, was completed for nurses in Dečani/Deçan, and the IRC Nurse Supervisor incorporated the findings of this assessment into her plan of action.

The introduction of a primary health care curriculum was not feasible before WHO produced the Interim Health Policy Guidelines for Kosovo and a six-month action plan. These publications, outlining the concept of family medicine, were available at the end of September. The IRC incorporated the particular health needs (from a family medicine perspective) highlighted in the policy guidelines into the five main targets of its integrated PHC program.

The IRC sent its national primary health care staff to participate in a "training of trainers" course over a three - month period to enable them to train peers formally and informally in the future. The course topics included:

- Essential Care for the Newborn and Breastfeeding ;
- Integrated Management of Childhood Illnesses; and,
- Reproductive Health.

The IRC also conducted sixteen internal education and discussion sessions for its medical staff on primary health care issues. Dr. Wilson Bulega, an IRC expatriate physician, facilitated these training sessions.

In formal and informal interviews, the IRC has confirmed that local health professionals were not able to respond adequately to the changing health environment in Kosovo. The IRC distributed and discussed the Interim Health Policy Guidelines for Kosovo and the Six-Month Action Plan to all qualified health professionals working in the Dečani/Deçan municipality. The IRC also distributed copies to ambulantas and the health house to facilitate access to the information.

Moreover, early assessments conducted by the IRC indicated that the knowledge, skills and practice of the national nurses were not as advanced as was previously believed. In response, the IRC hired a local Nurse Supervisor to assist and support forty-two local nurses within health system, as well as provide them with more advanced instruction and education. (See Annex II and III for Nurse and Physician Training Materials.)

World Health Organization (WHO)
Primary Health Care
Target 28

(From "Framework for Professional and Administrative Development of General Practice / Family Medicine in Europe." 1998.)

By the year 2000, primary health care in all Member States should meet the basic health needs of the population by providing a wide range of health-promotion, curative, rehabilitative and supportive services and by actively supporting the self-help activities of individuals, families and groups.

The Nurse Supervisor periodically prepared and disseminated educational information on var ious health topics, ineluding the administration of medicines, wound care, nutrition during pregnancy, breastfeeding, and respiratory tract and other infections. The topics were chosen based on the results of a Kosovo -wide nursing skills assessment, conducted by WHO. Health and epidemiological trends observed during field trips also prompted attention to topics.

The responsibilities of the Nurse Supervisor also included:

- Monitoring the work done by nurses and providing training in a variety of procedures;
- encouraging nurses to identify leaders amongst themselves, in order to help better plan, organize; and advocate for further training and support;
- preparing educational and training materials, disseminating information, conducting tests before and after IRC nurse training meetings; and,
- attending medical and nursing meetings with other NGOs, to collaborate on additional nurse education, training and support.

OBJECTIVE 4

Meet the acute reproductive health (RH) needs of the community of Dečani/Deçan, by conducting a formal RH needs assessment and by providing medical facilities with the Minimal Initial Servi ces Package (MISP). The RH program also trained health staff in reproductive health and implemented a culturally sensitive, community-based RH education program.

In September, the IRC conducted an assessment of the health house and the ten ambulantas in Dečani/Deçan to determine which facilities had previously provided reproductive health services. The IRC also assessed what level of service had been provided, what qualifications existed for reproductive health care providers, and what relevant equipment was lacking. After the assessment, the IRC placed an order for $60,000- worth of MISP (Minimal Initial Service Package) kits to United Nations Population Fund (UNFPA). These kits include condoms, emergency contraception, oral and injectible contrac eption, IUDs, and STD drugs, as well as equipment for safe and clean natal delivery, suture of vaginal tears, and transfusions. A doctor and nurse were recruited and trained to monitor the use of these kits when delivered. A pharmacy assistant, Sokol Xhemajli, was responsible for stock control of all reproductive health supplies.

Health administrators, including the director of the health house, the director of the IPH, and senior IPH staff from Dečani/Deçan, attended a series of one-day reproductive health awareness seminars organized and run by the IRC. The purpose of these one-day seminars was to inform health administrators about reproductive health as an integral part of any primary health care system, and to advocate for its use in Kosovo.

In collaboration with CARE and Relief International, the IRC hosted a five -day Reproductive Health seminar for health care providers, gynecologists, general practice physicians, midwives, and nurses who work at the Peć/Pejë Hospital and the health houses and ambulantas in Peć/Pejë, Dečani/Deçan, Klina/Kline, and Istok/Istog. The goal of this participatory training was to facilitate the competent provision of RH services by local health professionals. Instruction follows the curriculum of the *RHR Consortium Reproductive Health 5-Day Training Manual* and was adapted to the situation in Kosovo by the staff of CARE. Topics included a general overview of reproductive health issues, safe motherhood and emergency obstetric care, methods for ensuring a healthy family, sexual and gender-based violence, and sexually transmitted infections. The IRC's reproductive health nurse followed up on these trainings with individual visits to observe the ways in which the attendees applied the concepts in the field.

OBJECTIVE 5

Address the needs of survivors of sexual and gender based violence (SGBV) through programs that provide medical, mental health, and social services and that work to prevent future occurrences of SGBV within the community.

Complementing the objectives of the IRC's integrated PHC program, the IRC also implemented a highly effective reproductive health program in the neighboring municipality of Peć/Pejë, funded by UNHCR. The IRC's Reproductive Health (RH) program and its Sexual and Gender- based Violence (SGBV) subcomponent were each managed by experienced full-time expatriate managers, who worked with local program supervisors with the goal of transferring management at the conclusion of the program. The intent of the Kosovar Women's Program is to improve the quality of reproductive health serviees through the provision of materials, supplies and training; as well as to raise awareness on issues related to reproductive health and sexual and gender-bas ed violence through community education and psychosocial support. Its beneficiaries are the estimated 200,000 people of the Peć/Pejë and Dečani/Deçan municipalities, particularly those of reproductive age and victims of gender -based violence.

As mentioned above, IRC conducted a series of one-day reproductive health seminars for health administrators throughout the Dečani/Deçan municipality. Other community leaders, teachers, representatives from the Women's Forum, representatives from the youth council, and police also attended these seminars, with one session being dedicated to sexual and gender based violenee. The IRC SGBV Manager, Jeanne Ward, an expatriate with extensive experience in social work and SGBV issues, condueted these sessions.

OBJECTIVE 6

Contribute to the functional rehabilitation of health facilities by providing essential medical equipment and disposable medical supplies.

IRC has rehabilitated and fully equipped the ambulantas at Strelic, Lumbardh and Prapaqan. As part of this project, the IRC provided essential medical equipment, disposable medical supplies, MISP kits, furniture, cabinets and other necessary items. The IRC al so trained health professionals, particularly those working in ambulantas throughout the Dečani/Deçan municipality on the delivery of effective primary and reproductive health services and the management of the clinic. In addition, the IRC supplied the temporary health house in Decani/Deçan with essential diagnostic tools, an electro -cardiogram machine, and furniture. (See Annex 1 for a more detailed list of supplies distributed).

OBJECTIVE 7

Implement a program of community health education and promotion.

The IRC PHC program hired a local expert in health education, Mergime Mala, who was responsible for creating and distributing education materials that targeted the community with key health messages. The materials were consistent with WHO's emphasis on primary health care and the delivery of basic services at the ambulanta level. (Please see the Annexes for extensive examples of the materials used, published in both Albanian and English.)

The IRC's Health Educator also:

- established and maintained close links with the IPH in Peć/Pejë ;
- monitored and distributed statistics on m orbidity and mortality gathered by IRC doctors and nurses working in the Decani/Deçan area; and
- coordinated with the IRC health promotion team in Pristina/Prishtine and at the IPH on similar public health education efforts conducted Kosovo -wide.

In addition to public health education, Mergime also produced a series of educational materials on clinical waste disposal at the Decani/Deçan health facilities. In order to do so, she:

- coordinated with MSF to establish an infrastructure and system for medical waste disposal;
- purchased six locally-made temporary incinerators (three for the health house and one for each of the three ambulantas the IRC rehabilitated);
- provided instruction in the correct use of these incinerators;
- monitored the use of the incinerator s; and,
- provided instruction on burying medical instruments.

The IRC Health Promoter worked closely with the IPH to address the problem of head lice and to educate against the use of potentially fatal treatments. She has established good relationships wit h the teachers in Dečani/Deçan and has scheduled visits to at least fourteen schools to distribute first aid kits and provide instruction for their use to the teachers.

IRC's primary health care staff produced pamphlets and health education materials to distribute through IPH from the central office in Pristina. Health education radio campaigns were also organized at the central level. (See Annex IV for public health education materials.)

IV. COORDINATION WITH OTHER AGENCIES

IRC coordinated with several agencies and NGOs in an effort to provide effective primary and reproductive health care services in the Dečani/Deçan municipality. These organizations included WHO, UNMIK, UNHCR, UNFPA, the Women's Forum, Medecins Sans Frontieres (MSF), Doctors of the World, Mercy Corps, the Danish Refugee Council, Concern, Kosovo Women's Initiative, and the Pec/Peja Administr ation of Health. Descriptions of some of the specific collaborations are as follows:

- The IRC primary health care staff maintained close contact with Pharmaciens Sans Frontieres (PSF), the agency that coordinated distribution of drugs to the health houses and ambulantas throughout the municipality. The IRC met with PSF on a regular basis to discuss the medical drug supply. PSF also supplied the drugs for the IRC-run mobile clinics.

- The IRC worked closely with other NGOs actively involved in the IRC's RH and SGBV program.

- The IRC coordinated training activities with MSF France in the Peć/Pejë and Dečani/Deçan municipalities. The IRC and MSF shared curriculum and educational materials in order to standardize activities and share resources. The IRC and Doc tors of the World shared information and exchanged learning materials for nurses.

V. RISKS AND CONSTRAINTS

Several problems hampered implementation of the PHC program, including: a chaotic post -conflict environment, large movements of returning refugees — an estimated 750,000 people flooded back into Kosovo from neighboring countries —, difficulties coordinating with KFOR and other international organizations, and delays in the procurement of supplies.

Staffing was another problem. In July and August of 1999, the IRC hired Dr. Kamar Raj, Medical Coordinator, Dr. Wilson Bulega, Program Manager, and Dolores Mullahy, also as Program Manager. Dr. Raj left his post in November for a new position with IRC in New York, and Dr. Bulega, because of a death in his immediate family, was on leave for the month of October. Finding a replacement for Dr. Raj was difficult, and problems with Dr. Wilson further hampered the implementation of the project. Dr. Bulega was released from IRC and relieved of his position as Program Manager in February 2000. In order to fill the gap, the IRC hired Margaret McCluskey of John Hopkins University, to take over management of the program from January to March 2000 when itcame to an end.

Nevertheless, the IRC, in cooperation with the UN and other NGOs and in spite of these problems and constraints, was able to meet all its objectives and, most importantly, to provide emergency medical care to a highly vulnerable population immediately following the conflict.

VI. IRC's FUTURE CONTRIBUTIONS TO PRIMARY HEALTH CARE

A. From primary health care to family medicine

In the future, the IRC intends to expand its clinical and public health services into the municipality of Peć/Pejë , a large regional town neighboring the rural municipality of Decani/Decan. Peć/Pejë has an estimated returnee population of 140,191. In this case, IRC's integrated Primary Health Care Program will evolve into a Family Medicine project, based on the Family Medicine model developed by the WHO. The IRC also proposes to establish up two pilot clinics in the town to serve approximately 40,000.

The IRC's Family Medicine Center Project is a natural extension of the IRC's existing Primary Health Care Program. The intention is to expand the foundation developed in the last year, by providing a more extensive suite of clinical services, developing in- depth training for health professionals, conducting public health interventions, and promoting community health, education, and outreach. The project is expected to be self- sustaining in the long term.

B. Family medicine

The primary goal of IRC's Family Medicine Center Project is to provide on -going training for Kosovar health professionals. Since 1989, most ethnic Albanians were excluded from the University of Pristina/Prishtine Medical School. Alternative schools were established, but were poorly equipped to provide adequate training, textbooks, materials, lab facilities and clinical exposure to patients. As a result, most Kosovar physicians, nurses, and ancillary staff are in need of extensive training, especially in the clinical and public health principles of family medicine. Currently, curricula are being developed by WHO, UNMIK, and Kosovar health professionals to address this need and will be integrated into the health sci ences education system Kosovo-wide.

IRC hopes to contribute to the development of family medicine by establishing several model clinics that will provide comprehensive primary health care services, including clinical care, child health services, reproductive health, community health education, and health promotion and outreach. In addition, the clinics will provide an excellent opportunity for Kosovar health professionals to train under the supervision of senior medical and nursing staff. As mentioned abo ve, the IRC aims to establish two such Family Medicine Centers in Peć/Pejë .

C. *IRC's commitment to sustainability*

The IRC's Family Medicine Center Project would begin as a twelve- month pilot project but would seek to become self-sustaining into the long term. The following objectives, when implemented, will become part of a well - developed, accessible and effective primary health care system. The IRC's objectives are as follows:

- Implement a standardized system of clinical and preventive services in the district of Peć/Pejë, based on the Family Medicine model of patient care.
- Assist in the development of a comprehensive Family Medicine training program for health professionals, based on the curriculum currently being developed by the University of Pristina/Prishtine, WHO and UNMIK. Modules will be developed for physicians, nursing staff, and medical students.
- Establish systems of health care administration and health service management to ensure the efficient and cost-effective delivery of health services.
- Develop a system of community-based health services, including health education, health promotion, disease prevention, and outreach.
- Introduce a standardized health information system, consistent with that being developed by Institute of Public Health (IPH) and WHO. Ensure regular reporting of health surveillance information to the IPH.
- Fully integrate reproductive health services into the Family Medicine Center Project.

VII. CONCLUSION

Over the course of this OFDA-funded integrated PHC program, the IRC met the health care needs of the people of Decani/Deçan, which has a population of 78,083, and laid a foundation upon which a permanent primary health care system is now being built. The program included the rehabilitation of health facilities, the provision of primary health care services, intervention on matters of infectious disease and public health, the facilitation of access to reproductive health services, and the establishment of a program for victims of sexual and gender-based violence (SGBV).

Several problems hampered the implementation of the PHC program, including a chaotic post-conflict environment, large movements of returnees — an estimated 750,000 people flooded back into Kosovo from neighboring countries —, difficulty coordinating with KFOR and other international organizations, and delays in the procurement of supplies. However, the IRC, in cooperation with the UN and other NGOs, was able to meet all its objectives and most importantly, to provide emergency medical care to a highly vulnerable population immediately following a devastating conflict.

International Rescue Committee 2000

V. ANNEXES

I. **List of supplies distributed to Ambulantas and Health Houses throughout the Decani/Decan municipality**

II. **Nurse Training Materials**

III. **Physician Training and Support Materials**

IV. **Public Health Education Materials**

International Rescue Committee
2000

Annex I: List of supplies distributed to Ambulantas and Health Houses throughout the Decani/Decan

Supplies distributed to Ambulantas and the Health House in Deçani/Deçan Municipality

March 2000

Ambulanta in Lumbardh

Item	Quantity	Unit	Description of goods
1	3	piece	Lab coats
2	5	piece	Sheets for table
3	3	pairs	Curtains
4	3	piece	Extension cords
5	2	piece	Stethoscopes
6	1	piece	Blood pressure machine desktop

Health house Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	1	piece	Stretcher
2	2	piece	Scale height weight measurement
3	1	piece	Hot water steriliser
4	1	box	Syringes
5	13	Kit	W.H.O. emergency kits
6	160	bottles	Infusion Glucose 5% 500 ml
7	200	bottles	Infusion chloride glucose 500 ml
8	200	bottles	Infusion sodium chloride 0.9% 500 m
9	4000	piece	Set suero system
10	500	vials	Unicilina 1 million
11	3	piece	Collapsible water container
12	2	piece	Water filter
13	133	piece	Triangle handkerchief
14	9	piece	Safety box
15	1	box	Urogical catheter
16	400	piece	Needles 1.1 mm
17	300	piece	Needles 0.8 mm
18	7	bottles	Glucose 500 ml
19	16	bottles	Ringer lactate solution
20	9	bottles	Natri chloride 500 ml
21	1700	flacons	Water for injection 1ml
22	250	vials	Benzyl penicillin 5 M.I.U
23	700	vials	Forty procaine 4 M.I.U.
24	100	piece	Syringes 2ml
25	300	piece	Scalp vein infusion set
26	4	Kit	W.H.O. emergency kits
27	5	rolls	Elastic tubular bandage
28	1	piece	Presure stove
29	1	piece	Water bag strong quality

30	2	piece	Absorbent cotton wool 500 gr.
31	3	90x91cm	Absorbent cotton gauze
32	8	piece	Galipot with lid 300 ml
33	14	piece	Dressing set
34	18	piece	Drum for cotton wool and gauze
35	1500	pockets	O.R.S.- sobres
36	160	inhaler	Salbutamol inhalers
37	3000	piece	Absorbent cotton gauze swab
38	10	box	Cotton wool
39	266	roll	Adhesive tape
40	9500	piece	Reseable tablet bags
41	17	piece	Plastic bottles
42	2	piece	Scale with trousers
43	2000	piece	Health cards
44	100	piece	Soaps
45	800	piece	Absorbent cotton gauze bandage
46	120	piece	Baby kits
47	8	piece	Medical beds
48	20	box	Benzetacil (1x 100)
49	6	piece	Curtain
50	6	piece	Curtain (blind)
51	4	piece	Desk covers

Health House Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	90	Pair	Medical clogs
2	10	Piece	Cheirs
3	10 x 4	M	Curtain holders
4	34 x 3	M	Curtain holders
5	1 x 2	M	Curtain holders
6	1	piece	Washing machine
7	1	piece	Frige
8	12	Bottle	Povidon iodine 500 ml
9	6	Piece	Book shelvs
10	15000	piece	Lab report sheet
11	90	piece	Dictionary books (albanian- english)
12	100	piece	Protocol books

Health House Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	4	piece	Book shelvs
2	6	piece	Working tables
3	25	piece	Cheairs
4	286	m	Curtain

Ambulanta in Pobergj- Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	5	pair	Medical clogs
2	5	piece	White coats
3	1	piece	Blood pressure machine
4	2	piece	Stethoscopes
5	5	piece	Mdical bags

Ambulanta in Junik - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	7	pair	Medical clogs
2	8	piece	White coats
3	2	piece	Blood presure machine
4	2	piece	Otoscope
5	4	piece	Stethoscope
6	7	piece	Medical bags

Ambulanta in Lumbardh - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	4	pairs	Medical clogs
2	6 x 3	m	Curtain holders
3	3	piece	Medical bags
4	1	piece	Blood pressure machine
5	1	piece	Stethoscope
6	3	piece	White coats

Ambulanta in Irzniq - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	3	pairs	Medical clogs
2	3	piece	White coats
3	3	piece	Medical bags
4	1	piece	Blood pressure machine
5	2	piece	Stethoscope
6	1	piece	Otoscope

Ambulanta in Strellc - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	5	piece	Cheairs
2	7	pairs	Medical clogs
3	3 x 3	m	Curtain holders
4	6	piece	Medical bags
5	2	piece	Blood pressure machine
6	4	piece	Stethoscopes
7	2	piece	Otoscopes
8	6	piece	White coats

9	20	m	Curtain
10	1	piece	Blood pressure machine desktop

Ambulanta in Prapaqan - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	20	m	Curtains
2	4	pairs	Medical clogs
3	3 x 3	m	Curtains holders
4	1	piece	Blood pressure machine desktop
5	3	piece	White coats
6	3	piece	Medical bags
7	1	piece	Otoscope
8	2	piece	Stethoscope
9	1	piece	Blood pressure machine

Ambulanta in Isniq - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	4	pairs	Medical clogs
2	3	piece	White coats
3	3	piece	Medical bags
4	2	piece	Stethoscope
5	1	piece	Blood pressure machine
6	1	piece	Otoscope

Ambulanta in Prilep - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	2	pairs	Medical clogs
2	3	piece	White coats
3	1	piece	Blood pressure machine
4	3	piece	Medical bags
5	1	piece	Otoscope
6	1	piece	Stethoscope

Ambulanta in Gramaqel - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	3	pairs	Medical clogs
2	3	piece	White coats
3	3	piece	Medical bags
4	2	piece	Stethoscope
5	1	piece	Blood pressure machine
6	1	piece	Otoscope

Ambulanta in Ratish - Deçani/Deçan area

Item	Quantity	Unit	Description of goods
1	3	piece	White coats

2	3	piece	Medical bags
3	1	piece	Blood pressure machine
4	1	piece	Stethoscope

Health house Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	2	piece	P.C. computer -Pentium
2	1	piece	Printer H.P.
3	1	piece	Printer LX- 300
4	2	piece	Paralel cable
5	2	piece	Voltage corector
6	297	piece	Stethoscopes
7	91	piece	Otoscopes
8	15	piece	Ophtalmoscopes
9	108	piece	Blood pressure machine
10	5	piece	Frontal miror
11	181	pairs	Medical clogs
12	237	piece	Medical bags
13	252	piece	White coats
14	25	piece	Cheairs
15	10	piece	Dictionary books (albanian-english)
16	354	m	Curtains

Health house Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	10	piece	Book shelvs
2	19	piece	Working tables
3	5	piece	Benches

Health house Deçani/Deçan

Item	Quantity	Unit	Description of goods
1	63	piece	Infant feeding tube
2	1	piece	Emergency life saver kit
3	60	piece	Surgical blades
4	1	piece	Umbili cord tie
5	100	piece	Vircyl
6	1	piece	Water filter
7	5	piece	Benches
8	35	piece	Screens
9	35000	piece	Lab report sheet
10	1000	piece	Protocol books
11	15000	piece	Prescription pads
12	5000	piece	Youth brosures
13	6000	piece	Referal forms
14	25	piece	Special medical bags

Health house Dečani/Deçan

Item	Quantity	Unit	Description of goods
1	6000	tab	A.S.A 300 mg
2	11000	tab	Ferosulfat + acid folick
3	8000	vaginl.	Nystatin
4	8000	tab	Nystatin
5	193	ung	Tetracyclin ophtalmolick
6	1500	tab	Alumium Hidroxide
7	2000	tab	Mebendazol
8	865	tab	Metronidazol
9	300	tab	Furosemid
10	1000	tab	Doxicyclin
11	2400	tab	Co-trimoxazole
12	300	tab	Ketofen
13	1000	tab	Magnesium trisilicate
14	23	ung	Silversulphadiazin
15	850	tab	Calcium magnez
16	25	drops	Vitamin A+D
17	670	tab	Carbamazepim
18	40	inhaler	Salbutamol inhaler
19	40	ung	Antihemoroidal
20	40	syrup	Prometazin
21	2400	caps.	Amoxyl 0.5
22	180	pce	Absorbent coton gauze
23	220	pce	Absorbent cotton gauze bandage
24	15	pce	Elastic bandage
25	10	bottle	Glucose 5% 500 ml
26	2130	caps.	Heferol
27	2	pce	Drum for cotton wool
28	96	pce	Vircyl (kirugical tie)
29	13	pce	Idoform packig strip
30	200	amp	Oxytocin
31	38	amp	Lidocaine hydrochloride
32	11	amp	Benzyl penicylin 2.4 MIU
33	18	amp	Dextroze 5% in water
34	50	amp	Hydrocortizone
35	48	amp	Benzyl penicylin 1.2 MIU
36	30	amp	Atropine
37	40	amp	Prometazin
38	15	amp	Apresolin
39	192	amp	Ampicilin
40	5	soluc.	Cetrimide 15 %
41	20	amp	Aminophylin
42	3000	tab	Retinol
43	1200	tab	Chlorin 1 gr
44	2000	tab	Chloramphenicol 250 mg

45	200	tab	Fertilan
46	1800	tab	Chlorocuine 150 mg
47	30	drops	Nystatin
48	6	pce	Cotton wool
49	10	syrup	Amoxyl 250 mg
50	12	syrup	Erythromycin
51	150	pce	Surgical gloves sterile
52	500	pce	Wooden tounge depressor
53	1	pce	Fetoscope
54	1	pce	Wheight scale
55	1	kg	Talcum powder

Ambulanta in Strelle

Item	Quantity	Unit	Description of goods
1	500	tab	Isosorbide trinitrate
2	170	pce	Neddles 0.8
3	100	pce	Syrings 10 ml
4	2	pce	Syrings 50 ml
5	17	pce	Set suero system
6	100	poc	O.R.S
7	1	liter	Benzyl benzoat
8	2	liter	Cetrimide
9	20	amp	Ketamin hydrochlorid
10	30	amp	Furosemide
11	10	amp	Nalcone Hydrohloride
12	20	amp	Chlorpromazin
13	10	shampoo	Lindane
14	4000	tab	A.S.A 0.3
15	300	tab	Alumin hydroxid
16	1000	tab	Paracetamol 0.1
17	2260	tab	Co-trimoxazole
18	300	caps	Amoxyl 250 mg
19	800	Sobres	Amoxyl 250 mg
20	50	ung	Tetracycline
21	2000	tab	Ferosulfat + folic acid
22	568	tab	Metochlopramide
23	120	tab	Furosemide
24	200	tab	Glyceril trinitrate
25	20	syrup	Aloprol
26	6	syrup	Amoxyl 250 mg
27	10	ung	Antihemoroidal
28	1200	caps	Amoxyl 0.5
29	10	syrup	Legofer
30	8	pce	Adhezive tape
31	200	pce	Absorbent cotton gauze bandage
32	5	pce	Kidny dish

33	40	pce	Elastic Bandage
34	50	pairs	Surgical gloves
35	3	pce	Plastic bottle
36	300	pce	Toungue depresors
37	20	inhaler	Salbutamol
38	21	pce	Termomeeters
39	2	ung	Zinc oxyd
40	30	amp	Diazepam
41	20	amp	Hyoscin butylbromyde
42	30	amp	Furosemid
43	10	amp	Dexametazon
44	100	suppos.	Efferalgan 300 mg
45	1500	pce	Tablet bags
46	70	amp	Adrenaline
47	48	amp	Procaine Penicylin
48	2 x 15	pce	Soap
49	40	amp	Metroclopramide
50	100	amp	Aqua redistilata
51	22	pce	Gentian violet
52	11	bottle	Ringer 500 ml
53	1	pce	Scale
54	100	pce	Syringes 5 ml
55	10	pce	Baby packs

Ambulanta in Prilep

Item	Quantity	Unit	Description of goods
1	10	ung	Miconazole
2	9	ung	Methylsalycilat
3	8	ung	Antihemoroid
4	10	ung	Neomycin bactrim
5	180	tab	Furosemid
6	120	tab	Glibenclomid
7	2000	tab	Ferosulfat + acid folic
8	3000	tab	A.S.A. 0.3
9	1000	tab	Paracetamol 100 mg
10	2	Solucion	Povidon iodinne
11	2000	tab	Co- trimoxazole
12	1000	tab	Metoclopramide
13	1000	tab	Alumin hydroxid
14	8	syrup	Aloprol
15	10	syrup	Amoxyl 250 mg
16	7	syrup	Co- trimoxazole
17	10	syrup	Erithromycin
18	4	syrup	Paracetamol
19	6	syrup	Legofer
20	10	syrup	Amoxyl 125 mg

21	20	inhaler	Salbutamol inhalers
22	500	pce	Toungue depresors
23	2	pce	Stethoscope
24	1	pce	Blood pressre machine
25	50	ung	Tetracycline
26	1200	caps	Amoxyl 0.5
27	1500	pce	Tablet bags
28	100	suppos.	Efferalgan 300 mg
29	1600	sobres	Amoxyl 250 mg
30	1	rolle	Plasc bags
31	3	box	Needles
32	262	pce	Syrings
33	96	pce	Syrings 5 ml
34	5	pce	Instrument trays
35	6	pce	Dresing set
36	4	box	Cotton wool

Ambulanta in Lumbardh

Item	Quantity	Unit	Description of goods
1	3	pce	Plastic bottel
2	300	pce	Toungue depresors
3	26	inhaler	Salbutamol inhalers
4	12	pce	Termomethers
5	2	pce	Zinc oxide
6	20	amp	Diazepam 2ml
7	10	amp	Diclofen
8	20	amp	Hyoscin butilbromide
9	20	amp	Furosemid
10	30	syrup	Amoxyl 125 mg
11	12	syrup	Promethazin
12	2400	caps	Amoxyl 0.5
13	1600	sobres	Amoxyl 250 mg
14	14	drops	Nystatin
15	65	pce	Elstic bandage
16	100	suppos	Efferalgan 300 mg
17	135	pce	Absorbent cotton gauze
18	400	pce	Absorbent cotton gauze bandag
19	6	syrup	Salbutamol
20	15	syrup	Aloprol
21	6	bottel	Ringer
22	10	pce	Baby packs
23	400	tab	Chlorpromazin
24	60	pce	Srings 5 ml
25	400	pce	Needles 0.9
26	100	pce	Syrings 10 ml
27	75	pce	Syrings 1 ml

28	2	pce	Syrings 50 ml
29	18	pce	Infusion set
30	3	pce	Iodine
31	134	pocet	O.R.S
32	2	liter	Cetrimide 154
33	100	tab	Artane
34	12	pce	Gentiana violet
35	6	syrup	Erythromicyn
36	11	syrup	Co- trimoxazole
37	10	syrup	Amoxyl 250 mg
38	2	syrup	Efferalgan
39	6	syrup	Paracetamol
40	10	syrup	Legofer
41	6	pce	Adhezive tape
42	10	shampoo	Lindane
43	3000	tab	A.S.A 0.3
44	1000	tab	Paracetamol 0.1
45	2000	tab	Co- trimoxazole
46	200	caps	Amoxyl 250 mg
47	800	sobres	Amoxyl 250 mg
48	10	bottle	Glucose 5% 500 ml
49	50	pce	Spinal needle
50	79	pce	Scalp vein infusion set
51	23	pce	Miconazole
52	7	pce	Silversulfadiazine
53	10	ung	Antihemoroid
54	50	ung	Tetracyclin
55	17	ung	Neomycin bactrim
56	90	tab	Glibenclomide
57	2000	tab	Ferosulfat + acid folic
58	920	tab	Tyroxine

Ambulanta in Prilep

Item	Quantity	Unit	Discription of goods
1	25	pce	Plastic bottle
2	17	pce	Thermometers
3	12	pce	Sccisors
4	1000	tab	Doxycyclin 100 mg
5	18	pce	Baby pacs
6	1891	tab	A.S.A 0.3
7	4	pce	Kidny dish
8	16	pce	Surgical brush

INTERNATIONAL RESCUE COMMITTEE
PEJË - KOSOVË

Letter of Donation

Dr. Time Kadrijaj
Health House Director
Dečani/Deçan, Kosova

Dear Dr. Time,

The International Rescue Committee is pleased to donate the following items to your Health House to serve you and all the health professionals of your district:

PROFESSIONAL DEVELOPMENT	EMERGENCY DISPOSABLES	SUSTAINABLE RESOURCES	MEDICAL EQUIPMENT
-stethoscopes -dictionaries -frontal mirrors -otoscopes -otoscope earpieces -ophthalmoscopes -white clogs for docs and nurses -lab coats -medical and nursing -text books	-WHO emergency -kit collapsable water containers -slings -ORS -new infant kits with diapers, soap, shampoo, lotion -sterile gloves -intravenous solutions -injectable antibiotics and sterile dilutants -salbutamol inhaler -scalp vein infusion sets -Intravenous angiocatheters, sizes: 18,20,21,23 -Urinary catheters, 100 of each size: 14,16,18,20,21 -Urinary drainage bags, (foley bag) - syringes, needles, cotton, dressings,	-full set of dental equipment including chairs & installation -water filters -laboratory fridges -chairs & benches -working tables -bookshelves -washing machine -desk top computers -curtain hangers -curtains -pails and soap -presure stove -protocol books -copy machine, simple -paper for copy machine	-stretchers -96% alcohol -betadine solution -cotton and gauze -privacy divider screens -laryngeal mirrors -paper for ECG machine -portable oxygen tanks -masks with tubing -nasal cannulas -defibrillators -instrument trays -minor surgery trays, with instruments -sterilizers,dry -rubber/plastic sheets -rubber aprons -electric suction machines -infant basinets -autoclaves for

	tape, elastic bandages & other miscellaneous disposable medical equipment		surgical instruments -mobile supply carts -small plastic coolers -ice packs -medical books -plastic gloves -adult scales -surgical scissors -exam tables -basic laboratory equipment including a microscope and reagents -surgical clamps -small spirit lamps -ear syringes -scalpel blades and handles -nebulizers -vaginal speculums, assorted sizes, S,M,L -exam lamps, floor stands -rhinoscopes -3-pronged tweezers

Please understand that the following items will be denied, either because they have been previously delivered by IRC or because they do not comply wit WHO guidelines:

-Ultrasound machine
-Colposcope
-*Baby scale
-D&C kits, in MISP Kits, which are on order
-episiotomy, cervical biopsy and delivery kits in MISP kits
-tonsilectomy kits
-tongue holders...use gauze
-nasal metal cannulas
-surgical chair

Partial List of Items Purchased under the Primary Health Care Program in Peje

Item	Qty	Unit
Microscope	2	pc
Electric pipette draw	4	pc
Urine sedimentation tubes	50	pc
Holder for tubes	4	pc
Test tube pack 18 mm	5	pc
Test tube pack 13 mm	5	pc
Test tube pack 10 mm	5	pc
Melanzher for erithrocytes	50	pc
Melanzher for leukocytes	50	pc
Lab test tube with caps 18x130mm	1	box
Lab test tube with caps 13x130mm	1	box
Lab test tube with caps 10x100mm	2	box
Lab test tube with caps 13x100mm	2	box
Pipette for hemoglobine	50	pc
Glass pipette 1 ml	50	pc
Glass pipette 5 ml	50	pc
Glass pipette 10 ml	50	pc
Lancet finger	20	pack
Glass sides	20	box
Giemsa stain	10	pc
Sodium citrikum	5	pc
Hayem solution	5	pc
Turk solution	5	pc
Spectrophotometer and accessories	1	pc
Centrifuge for Hematocrits	1	pc
Water bath 12 litres	1	pc
Vortex	1	pc
Glucometer	2	pc

Item	Qty	Unit
Interval Timer	2	pc
Tips for adjustable volume pipette	10	pc
Coolers	10	pc
Ice pack for coolers 10 litres	40	pc
Neubauer slide	5	pc
Pipette for hemoglobine	50	pc
Cover slips for Neubauer slide	10	pc
Tubing and hand pump for cleaning the melanzher	5	pc
Capillary tubes	50	box
Sealer/putty for capillary tubes	25	pc
Uirne test pipsticks for 6 parameters 100/box	10	pc
Graduate cylinder glass 5 ml	5	pc
Graduate cylinder glass 10 ml	5	pc
Graduate cylinder glass 25 ml	5	pc
Graduate cylinder glass 50 ml	5	pc
Graduate cylinder glass 100 ml	5	pc
Cover slips for slides	20	box
Glucose test reagents	4	pack
Fibrengen test reagents	4	pack
Urea test reagents	4	pack
Hemoglobin test reagents	4	pack
Centrifuge for 10 ml tubes	1	pc
Orbital shaker	1	pc
Pregnancy test kits	10	box
Adjustible Volume pipetter	5	pc
20% Sulfacilik acid solution	5	pc
Iodine tincture	2	pc

Partial List of Items Purchased under the Primary Health Care Program in Peje

Item	Qty	Unit	Item	Qty	Unit
Portable Oxygen Tanks 5 liters	2	ea	Laminating machine	2	pc
Infant basinets	3	ea	Exam lamps	10	pc
Three pronged tweezers	10	ea	Small plastic coolers	10	pc
Ear syringe	2	ea	ice packs	30	pc
Defibrillator with monitor	1	pc	Vaginal Speculum small	10	pc
Surgery trays	20	pc	Vaginal Speculum medium	10	pc
Sterilizers	3	pc	Vaginal speculum large	10	pc
Rubber/plastic sheets	20	pc	Scalpel handles 3, 4	20	pc
Rubber/aprons	20	pc	Scalpel blades 11, 21	200	pc
Electric suction machine 3 liters	2	pc	Masks with tubing	50	pc
Electric suction machine 1 liter	2	pc	Intravenous angiocatheters (18)	100	pc
Autoclaves	1	pc	Intravenous angiocatheters (20)	100	pc
Speculum	3	pc	portable oxygen tanks	2	pc
Clamps for ear	10	pc	Defibrillator without monitor	1	pc
Spirit lamps small	10	pc	Sterilizers (dry 30 liters complete	2	pc
nebulizer for ambulance	4	pc	autoclaves	1	pc
nebulizer for family	1	pc	Rhinoscopes	30	pc
Laryngoscope	4	pc	Clamps for nose	10	pc
Laryngeal mirrors	5	pc	Urinary drainage bags	500	pc
Wheel Carts for drugs	4	pc	Urinary catheter (18)	100	pc
Nasal canuulas	50	pc	Urinary catheter (20)	100	pc
Sterile gloves	500	pair	Urinary catheter (21)	100	pc
Intravenous angiocatheters (22)	100	pc			

KLOREXIDINI (CETRIMIDI) 15% DHE TRETJA E TIJE NE MENYRE TE RREGULLT

- ***Ndikimi terapeutik:*** Kombinimi i antiseptikut dhe deterxhentit.

- ***Mbani mend:*** Assesesi nuk perdoret se bashku me ndonje tretesire tjeter *(sterilizuese)* si p.sh.**JODIN**

- ***Paketimi:*** Eshte i paketuar ne 1l dhe i koncentruar 15% deterxent dhe 15% Cetrimid por I pa tretur

- ***Tretja e tije behet:*** 20ml te 15% te tretesires se klorexydinit i shtohet 1l uje i thjeshte dhe tundet mire sikur para cdo perdorimit

- ***Afati i qendrueshmerise:*** Kur tretesira eshte e pa tretur afati i saje eshte normalisht i caktuar nga prodhuesi, kurse afati i tretesires se tretur eshte vetem 7 dite pas tretjes

- ***Perorimi i tije behet ne keto raste:***
- Per pastrim dhe desinfektimin e:
- Lekures dhe mukozes
- Plageve
- Ulkusit
- Absceseve dhe lendeve te ndryshme

TRETJA E SOLUCIONEVE (TRETESVE) TE CILAT MOMENTALISHT JANE TE PERDORUESHME NE AMBULANTAT DHE SHTEPITE ESHENDETIT KU PUNONI JU E

JODI POVIDON 10% DHE TRETJA E TIJE

Ndikimi terapeutik: Antiseptik dhe preparat desinfektues

Perdorimi:Mund te perdoret si eshte tani i paketuar 10% vetem ne keto raste

1. Tek foshnjet e posalindura per pastrimin e kethizes(10%)
2. Tek venia e kanulles intravenoze per pastrimin e siperfaqes
3. Tek mjekimi i infeksioneve te lekures dhe manifestimeve virusale si P.SH. (herpesi, dhe herpes zosteri)
4. Tek pacientet te cilet pergatiten per operim por pas pastrimit te tyre me uje dhe sapun dhe kjo metode e desinfektimit behet dy here

Kurse perdorimi i jodit te tretur behet ne keto raste:

1. Tek dekontaminimi i instrumenteve per egzaminim
2. Tek pastrimi siperfaqesore para injektimit
3. Tek pastrimi i plageve siperfaqesore si gervishja ETJ

Dekontaminimi i instrumenteve egzaminuese

Dekontaminimi i instrumenteve egzaminuese behet me tretesiren e jodit te tretur me uje te thjeshte ose te vluar dhe te ftohur.Merret nje sasi jod 10% dhe tri sasi te njejta uje i shtohen .Kurse instrumentet pastrohen njehere me uje te thjeshte d.m.th para perdorimit te jodit, dhe atehere pas pastrimit me uje zhyten ne ene te mbushur me jod dhe ashtu lihen 15min. Pas 15min ato hiqen nga ena dhe thahen me gaze josterile , dhe procesi behet shume shpejte ne ate menyre qe jodi te mos thahet neper to.

USHQYESHMERIA
UDHERREFYES PER MAMICAT PATRONAZHE
Eleanor Swift
PERMBLEDHJE.

I. PSE ESHTE USHQYESHMERIA E RENDESISHME GJATE SHTATEZENISE?

II. FITIMI NE PESHE

A. PSE ESHTE FITIMI I PESHES I RENDESISHEM PER SHTATEZENI?

B. CILA PESHE REKOMANDOHET GJATE SHTATEZENISE?

C. KU SHKON PESHA?

D. KONSULTIME RRETH SHTIMIT TE PESHES?

E. FAKTORET QE NDIKOJNE NE SHTIMIN E PESHES?

III. QFARE LLOJE TE USHQIMIT DUHET TE HAJE GRUAJA SHTATEZENE PER QDO DITE?

3 GRUPE TE USHQIMEVE
PROTEINA
VITAMINA DHE MINERALE
KARBOHIDRATE

IV. 2 MINERALE TE RENDESISHME
HEKUR
KALCIUM

A. CILAT JANE REZERVA TE MIRA TE HEKURIT?

B. CILAT-JANE REZERVA TE MIRA TE KALCIUMIT?

C. SI MUNDET GRUAJA SHTATEZENE TE RRISE SHFRYTEZIMIN E KALCIUMIT NGA USHQIMI QE MERR?

V. USHQIMET QE GJENDEN NE RRETHINE

VI. USHQIM ME I MIRE PER ME PAK PARA

VII. IDETE E VENDASVE PER DIETEN GJATE SHTATEZENISE DHE LAKTACIONIT

USHQYESHMERIA
UDHERREFYES PER MAMICAT PATRONAZHE

Eleanor Swift

I. Pse ushqyeshmeria e mire eshte e rendesishme ne shtatezeni?

* Ushqyeshmria e mire gruas i jep force per pune, per tu rezistuar semundjeve dhe per te qene me e shendeteshme. Gruaja qe ushqehet mire gjate shtatezenise ka me pak gjasa te jet anemike dhe te kete konvulzoin ose kome..

* Ushqyeshmeria e mire i'a mbron gruas dhembet dhe eshtrat.

* Ushqyeshmeria e mire i mundeson foshnjes rritje te shendoshe ne miter. Foshnja ka me pak gjasa te deshtoj, te linde para kohe dhe te kete tru te demtuar ose ~~lindje te vonuar.~~ i retardum

* Ushqyeshmeria e mire ndihmon kunder gjakderdhjes se madhe gjate lindjes

* Ushqyeshmeria e mire i ndihmon nenes qe menjehere pas lindjes te forcohet.

* Ushqyeshmeria e mire i ndihmon nenes qe t'i rezistoj infeksioneve pas lindjes.

* Ushqyeshmeria e mire i ndihmon nenes qe te prodhoj qumeshte te mjaftueshem per t'a ushqyer femijen me gji.

II. Fitimi i peshes

A. Pse pesha e fituar eshte e rendesishme ne shtatezeni?
—Rritja e vazhdueshme e peshes gjate shtatezenise konsiderohet te jete indikatore favorezues ne adaptimin gjate shtatezenise dhe rritjes se fetusit
— Pesha joadekuate rrezikon lindje me peshe te vogel

B. Pesha e fituar qe rekomandohet: perafersishte 12.0 kg

2-4 kg ne gjysmen e pare te shtatezenise
perafersishte 1/2kg per jave prej javes se 20-te deri ne lindje

C. Ku shkon pesha

KG	
0.5	Gjinjet
3.5	Trashesi
0.6	Placente
3.4	Fryt (Fetus)
0.6	Lenge amniotik
0.9	Zmadhimi i siperfaqes se mitres
0.9	Zmadhimi i vellimit te gjakut
1.0	Lengu jashteqelizor

12.0 Total

D. Konsultimi me gruan shtatezene per rritjen e peshes perfshine edhe :

—Gruaja me peshe te dobet ka nevoje per rritje te peshes ne menyre qe te kete foshnje te shendoshe.
—Gruaja me peshe te madhe duhet t'i kushtoj kujdes ushqyeshmerise se mire; duhet te humbin pak peshe.
—Duhet pasur kujdes te mos humbin peshe gjate shtatezenise
—Grate qe kane lindur disa here duhet te rrisin peshen me shume

E. Faktoret qe ndikojne ne rritjen e peshes

—Ajtje maternale Edema e mënës
—Rrjedheshmeri e metabolizmit maternal
—Dieta
—Vjellje
—Diarea (jashteqitja)
—Pirja e duhanit
—Sasia e lengut amniotik
—Permasat e fetusit
Kadhësia e fetusit

III. Qfare lloje te ushqimeve duhet gruaja shtatezene te marre cdo dite?

Tri grupe te ushqimit

Ushqimet rritese (proteinat) qe ndihmojne ne ndertimin e muskijve dhe eshtrave. Rezerva te mira te proteinave paraqsin bishtajat (fasuleja, bizelja), arrat, farerat. Proteinat gjenden gjithashtu edhe ne produktet e kafesheve p.sh. mish, djath, peshk, ve dhe qumesht.

Materiet mbrojtese (vitaminat dhe mineralet) te cilat e ndihmojne organizmin ne mbrojtje nga semundjet dhe te shendoshen pas semundjes ose lendimit. Vitaminat dhe mineralet gjenden ne peme dhe perime. Gruaja ka nevoje te madhe per keto minerale-hekur, kalcium dhe jod - gjate shtatezenise. Nje grua qe ushqehet mire mund t'i marr te gjitha vitaminat dhe mineralet nga ushqimi. Eshte shume me mire te merren nga ushqimi se sa ~~vitaminat apo mineralet~~ permes tabletave, ineksioneve, sirupeve etj. Ketu bejne perjashtime ato gra qe jane anemike dhe duhet te marrin hekur dhe acid folik prej tabletave ose formave tjera medikamentoze. Grate me semundje te caktuara ose ushqyeshmeri te dobet kane nevoje per barna tjera dhe u duhet kujdesi nga mjeku.

Materiet energjetike (karbohidratet). Keto japin energji. Ndodhen ne drithra p.sh. oriz, miser, grure, patate, banane, mjalt, sheqer, vaj, buter dhe margarine. Keto ushqime gjithashtu mund te deponohen te japin energji kur te kerkohet me vone.

IV. Dy minerale te rendesishme

A. Hekuri ndihmon ne ~~formimin~~ e gjakut dhe ne parandalimin e anemise. Gruja shtatezene duhet te marre shume hekur ne menyre qe ~~feshnja~~ ne rritje te krijoj gjak te shendoshe dhe te deponoj hekur per muajte e pare pas lindjes. Me se miri per nje grua eshte te marre hekur me fruta dhe ~~patate~~. Ne kete menyre organizmi me se shumti e shfrytezon hekurin nga ushqimi.

Keto ushqime permbajne shume hekur:
mishi (posaqerishte melqia dhe organet e tjera te brendshme)
peshku
pula
vete

Edhe keto ushqime kane sasi hekuri
fasuleja
patatet
farat e luledielli
perimet me gjethe te gjelberta te erreta
sfeklat
lakrat e brukselit
lakra
lulelakra
rrepat
dredhezat
ananasi
frutat e terura(hurmat, kajsiat, rrushi)
molaset belzeza

Ketu jane disa menyra se si te pergatiten ushqimet qe te japin me shume hekur

* Zierja ne tenxjere hekuri
* Shto domate, leng lemoni etj.

B. Kalciumi

Kalciumi i forcon dhembet dhe eshtrat. Nje foshnje ne zhvillim ka nevoje per shume kalcium qe te mund te formoj mire eshtrat e tij te reja. Kur gruaja shtatezene merr kalcium, kjo shkon se pari te foshnja per nevojat e saj. Pra nese nena nuk merr kalcium eshtrat dhe dhembet e saj do te jene te dobesuar.

Keto ushqime permbajne shume kalcium:

qumshti
jogurti
djathi
~~mollusqet~~ gurcak stolika
perimet e gjelberta
perimet e verdha
farerat e susamit

Gruaja shtatezene mund te rrisë sasinë e kalcijumit nga ushqimi në disa mënyra ~~te marre kalcium nga ushqimi nese e pregadite ate ne disa menyra~~:

* Qit pak leng limoni, uthull, ose domate kur i pergatitni eshtrat per supe
* Bluaj gezhojen e vese dhe perzieje ate me ushqim
* Drita e diellit ndihmon qe organizmi i gruas te mund te shfrytezoj kalciumin e marre me ushqim. C'do grua shtatezene duhet patjeter cdo dite te bie ne kontakt, ose lekura e saj te kontaktoje diellin per me se paku 15 minuta.

V Ushqimet qe gjenden ne rrethine dhe qe ndahen ne tri grupe

BENI COPA TE KONSTRUKTUARA NE LETER TE VERDHE (PROTEINAT), TE KUQE (VITAMINAT DHE MINERALET) TE GJELBERTA (KARBOHIDRATET). LE TE SHKRUAJNE STUDENTET NE LETRA LLOJET E USHQIMEVE (ME FOTOGRAFI NESE DESHIROJNE) DHE MBLIDHNI ATO NE NJE POSTER. NDAJENI KLASEN NE TRI GRUPE (SIPAS TRI GRUPEVE TE USHQIMEVE)
MBLIDHNI POSTERET E TYRE NDAJINI ME TERE KLASEN. KOHA QE DUHET PER KETE ESHTE 10 MINUTA NE GRUPE, MAKSIMUM 15 MINUTA PER BASHKEPUNIM.

VI Ushqim me i mire per pak para

Ushqimet e kombinuara

Shume njerez hane ushqime te mbjellura (drithera, peme, perime) se sa produkte te kafsheve (mish, peshk, qumesht, ve). Ata e bejne kete sepse ushqimet e mbjellura zakonisht kushtojne me lire se sa ato te kafsheve. Eshte e mundur qe te jete me e shendoshe marrja e ushqimeve te mbjellura.

Ushqimet e mbjellura mund te jene me te shendosha nese kombinohen ne gjellera ne njeren nga keto menyra:

dritherat dhe bishtajat (fasulja, sfekla, lakra)

shembull: buke dhe lajthija
supe fasuleje dhe buke
oriz dhe fasule

Cilat jane disa nga kombinime tjera te mundshme te dritherave dhe bishtajave???

LE T'I SHKRUAJ PERKTHYESI NEN TITULL ,DRITHERAT DHE BISHTAJAT

Produktet e qumshtit dhe dritherat

shembull: drithera dhe qumesht
sanduiq me djath
pica
shpagete

Cilat jane disa nga kombinimet tjera te mundshme te prodhimeve te qumeshtit dhe dritherave.

LE T'I SHKRUAJ PERKTHYESI NEN TITULL, PRODHIMET E QUMSHTIT DHE DRITHERAT

Vezet dhe pulat

Vezet jane rezerva te mira te proteinave, hekurit dhe vitamines A. A i konsiderojne vendasit si te shtrenjeta?

Pulat paraqesin burim te mire te ushqimit me prejardhje nga kafshet dhe kushton me lire se sa prodhimet e tjera te kafsheve posaqerishte ne ato familje qe bejne kultivimin e pulave.

Melqia, zemra, dhe veshket

Keto ushqime kan perplot proteina, vitamina dhe hekur. Duhet pasur kujdes qe keto t'i

merrni nga kafshet e shendosha. Nese nuk jane te shtrenjeta keto ushqime jane shume te pershtatshme per gruan gjate shtatezenise.

Peshku
Peshku permban aq proteina sa edhe mishrat e tjera dhe kushton me lire.

Perimet me fleta te gjelberta te erreta

Keto perime kane plot vitamine A pak hekur dhe kalcium. Keto normalishte kan me shume materie ushqyese se sa perimet me fleta te verdha.

VII Idete vendase per dietat qe jane te demshme, jo te dobishme

A ka pica ne Kosove? Nese po, qfare lloji?
Qfare mosknaqesishe ~~dietare~~ gjeni tek grate shtatezene?
Merrni komente e tyre, dmth. qfare ushqimesh duhet/nuk duhet te marrin gjate shtatezenise dhe dhenies gji femijes.

VIII Me rol te rendesishem:

A Anamneza e ushqyeshmerise.

Qe te merrni vesh se a han nje grua si duhet beni keto pyetje:
"Qka keni ngrene dje? Po nje dite me pare? Po diten me pare?"

Pasi qe ajo te pergjigjet, pyetne se qka ka te mire ne ate qe e han. Mandej nese ka nevoje, sugjestoni asaj qe nese ka mundesi t'a permiresoje dieten.

B Duke u pergjegjur ne problemet e ushqyeshmerise dmth. anemise
I thoni perkthyesit te behet klient dhe pyetne:
"Mjeku me tha se jam anemike. Qka dmth. kjo?Qka duhet te beje?"
Gjeni nje vullnetare qe te pergjigjet ne keto pyetje.

NDANI KLASEN NE DY GRUPE DHE NJERA TE LUAJ ROLIN E KLIENTIT E NJERA TE MAMIES, KESHTU DUKE U NDRRUAR.
IMITONI ME SE PAKU TRI SITUATA: ~~KONSULTIM~~ PER ANAMNEZEN E USHQYESHMERISE, FITIMIN E PESHES DHE PROBLEMET ~~DIETARE~~ P.SH. ANEMIA OSE PICA
PERPIQU TE JENI SA ME REAL NDAJ ASAJ QE DEGJONI, DHE QKA NE REALITET NDODH KUR KONSULTOHENI RRETH USHQYESHMERISE.

Disa definicione lidhur me pastrimin e plageve dhe trajtimi i tyre ne menyre te rregullt

Sikur secili prej nesh qe e dime plaget kane prejardhje te llojllojshme .
Plaget jane rrjedhe e ndonje aksidenti te madh ose te vogel dhe mund te sjellin dhembje te padurueshme .
Pika me kryesore lidhur me plaget eshte trajtimi i tyre ne menyre te rregullt dhe efikase .

- Se pari nga diagnostifikimi i mjekut ju mund ta dini se me cfare lloji te solucionit (tretesires) mund ta kryeni trajtimin e plages .
- Pastaj duhet pergatitur materiali perkates ne tabaken e paster ne te cile duhet te keni:
- Gazat sterile dhe josterile , jodi ose ndoje solucion (tretesire) tjeter
- Gersheret me picete , shiriti ngjites dhe gaza rolle.

■ Por mos harroni se duhet ta parapergatitni pacientin per tretmanin e tije sepse eshte shume me rendesi qe pacienti te jete i pergatitur ne aspekt psikik .

■ ***Anestezioni lokal***

▶Mund te perdoret vetem tek plaget e thella te cilat marrin me shume se dy penjeza.

▶Lidokaini 1% pa adrenalin.

▶Ti jipet subkuton aneve te plages.

■ ***Mbyllja e plages***

▶Te qepet me nderprerje (jo me kontiunitet)

▶Normalisht per plaget te cilat trajtohen ne ambulantat ku ju sherbeni (nese keni rastin per trajtim te plages me ane te qepjes) per plaget qe mund te qeoen nga lekura perdoroni gjilperen me maje trekendeshe te mprehte , kurse per qepje subkutone perdorọni gjilperen me maje te rrumbullaket te mprehte.

■ ***Drenazha***

▶Te perdoret shiriti i mbledhur i gomes

▶Dreni nuk perdoret ne siperfaqen e tenit (Fytyres)

▶Dreni po ashtu mund te vehet edhe ne pjeset meqime p.sh ne koke edhe nese dyshohet prania e hematomit.

■ ***Heqja e penjezavè***

▶Nga pjeset e fytyres penjezat hiqen diten e peste , kurse nga pjeset tjera te trupit pas dites se shtate ose tete.

■ *Principet gjenerale te plageve*

Ne kete kapitull ne kemi vene vetem procesin e trajtimit te plageve te cilat mund te trajtoen ne nivelin e ambulancave.

- Per momentin cka eshte me („primare") eshte mbyllja e plages , por me proces te rregullt por duhet ditur se nganjehere plaget mund te jene edhe teper te rrezikshme per pacientin dhe te rrezikuara nga infektimet e ndryshme.E gjithe ko mvaret nga ambienti se ku pacienti gjendet dhe normalisht nga trajtuesi i plages.
- Plagen klasike te vjeter me shume se 6 ore nuk duhet qepur.Por pasi ne disa raste pacientit i duhet kohe per te ardhur nga vendi se ku e ka pesuar aksidentin periudha kohore mund te shtyhet deri ne 24 ore ,dhe personeli medicional duhet te jete gjithmone prane pacientit per shkak te intervenimit ne rast se pacienti peson infektim .

- **Plaget e infektuara nuk referohen per qepje.**
- **Plaget e luftes po ashtu edhe ato qe jane pasoje e kafshimit te kafsheve nuk guxojne te qepen.**
- **Dhe gjithmone te jepet antitetanus-i nese gjendet afer.**

- *Higjlena e plages:*

Te rruhet vendi nese eshte e nevojshme dhe pastaj te pastrohet rrethi i plages me povidon jod .

- *Materiali me te cilin duhet punuar me lehte:*

- Dorezat sterile
- **Lidokaini** , gjilpera dhe shiringu
- Peri kirurgjik
- Kutija sterile me instrumentet per intervenime kirurgjike po ashtu te sterilizuara p.sh.(mbajtesi i gjilperave , gjilperat , skallper me mbajtes , nje ose dy forcepsa arterierik , gershere te thjeshta dhe nje pale te kthyera mire me maje te pershtatshme.

DIAREA AKUTE

(Përkujdesia dhe ushqimi i fëmijëve)

Te nderuar punetore shendetesore shendeti i femijes paraqet pasuri te madhe dhe te pakufishme per te gjithe pa marre parasyesh moshen apo gjinine prandaj ju lutem qe se bashku te mundohemi qe te ndalojme ate nga e cila tani shume femije te moshave te ndryshme vdesin, e ajo eshte Diarea.

Te kujtojme se diarea paraqet semundjen e zorreve, qe karakterizohen me rritjen e numrit te barkqitjeve gjate 24 oreve.

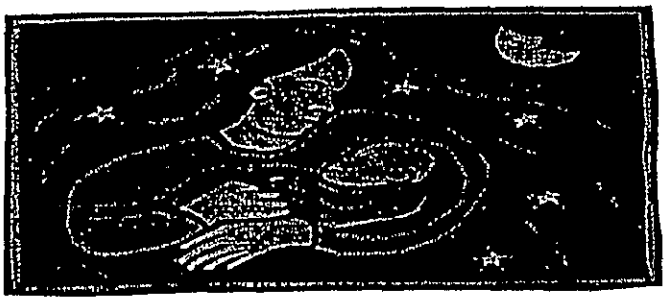
Diarene mund ta karakterzojme si semundje tejet te rrezikshme sepse njeriu dhe sidomos femia nese ka diare mund te humbin sasine e madhe te ujit dhe te kripes nga organizmi qe quhet **dehidrim**

Femiu i vogel ne 4-6 muajt e pare te jetes mbrohet nga diarea nese ai ushqehet me qumeshtin e nenes dhe me lengje por kuptohet aty rol te rendesishem luan pastertia, dhe imunizimi (vaksionimi) i rregullt i femiut

Sikur mjeku kur i jap keshillat pacientit edhe ju po ashtu duhet qe nenave te femijeve tu kujtoni se pastertia eshte eshte me e rendesishme se disa gjera te tjera, dhe po ashtu duhet qe ti kujtoni per ushqimin te cilin mund qe tua pergatitin femijeve te tyre kur kane diare.

Ushqimi i cili rekomandohet femijeve te cilet kane diare duhet te jete i lehte, kurse per foshnje te vogla ushqimi me i mire ushqimi me gji te nenes.Kurse nese foshnja eshte me e madhe se gjashte muaj mund qe te ushqehet edhe me ushqime te ziera mire si: Karrota, domate, leng orizi etj.

Kurse ushqimi i cili preferohet ndërprerjes se diarese duhet qe femijes suaj ti japni ushqim nga nje here me shume se me pare me qellim qe te plotesohet pesha e humbur gjate periudhes se diarese. Femijet te të cilet diarea ka zgjatur me shume se dy jave, me se paku nje muaj te marrin ushqim plotesues.



BASHKPUNOJMË TË GJITHË QË FËMIJËT TË KENË JETË MË TË MIRË DHE PA DIARE

Teknika mbi toaletimin e Fourunkulusit (Ithatit siperfaqesore)

Anestesioni lokal ne abcese me nuk eshte efektiv. Sidomos Lidokaini 1-2% i cili momentalisht gjendet neper klinikat e juaja.

Fourunkulusi eshte baze e mbledhjes se ndonje indi te bute i cili shkakton dhembje te padurueshme kudo qe shfaqet. Ato shfaqen te mbrendshem dhe te jashtem, por me trajnim lokal do ti kujtojme vetem ata te cilet jane siperfaqesore.

Fourunkuluset trajnohen vetem me hapjen dhe pastrimin (toaletimin) e tyre te drejte, dhe terapise adekuate. Terapia per trajnimin e fourunkulusit duhet te respektohet definitivisht sepse sherimi i tije mund te zgjase me shume dhe mund te jete i dhembshem.

INDIKACIONET:

Duhet te mos harrohet venia e drenazhes, dhe pastrimi i rregullt i tije.

MATERIALI:

- Skalpeli steril me apo pa dorezen mbajtese
- Dorezat sterile kirurgjike
- Gersheret e thjeshta te Forcepsit (Kelly Forceps)-it
- Dreni steril

TEKNIKA:

- Para se te hapni abscesin duhet mire ta pastroni me jod ose ndonje solucion tjeter por jo te perzihen ato se bashku sepse mund te arrihet ndonje kontraindikacion.

- Skalpeli duhet qe te mbahet me dore te djathte kurse dy gishtat e dores se majte ete vehen ne vendin e caktuar(Absces) dhe te shtrengohet pak lekura qe pacienti te mos ndiej dhembje me te madhe.

- Gjate hapjes se tije duhet te keni kujdes te vecante sepse mund te shkoni thelle nen vendin ku duhet hapur, dhe te shkaktoni infeksion.

- Pasi qe ta hapni abscesin duhet qe ngadale ta ndrydhni derisa pacienti mund ta duroje dhembjen, kurse kur pacienti ndien dhembjen e leni pak te pushoje sepse ajo dhembje eshte e padurueshme. Pas pak kohe filloni heqjen e qelbit me majen e gjilperes dhe duke e pastruar me jod pas secilit intervenim.

- Duhet pasur parasyesh se plaga e fourunkulusit nuk qepet por drenohet me dren.

- Drenimi ose venia e drenit behet me nje prerje te holle te gazes sterile te ngopur me jod, por ne plage te pastruar mire nga qelbi, atehere vehet ne brendine e plages dreni ingopur me jod dhe duhet te futet brenda aq sa e zen vrima e plages dhe behet toaleta (pastrimi) cdo dite per shkak qe te mos arrihet deri te ndonje infeksion me i madh.